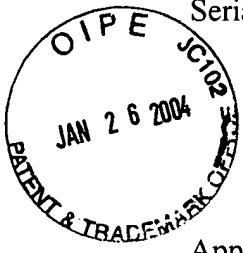


Attorney Docket No.: AMKOR-028C
Serial No.: 10/618,192



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

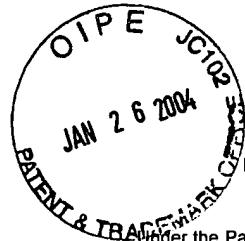
Applicants: Sean T. Crowley et al.) Group No.: 2811
)
Serial No.: 10/618,192)
)
Filed: July 11, 2003) Examiner: Loke, Steven Ho
)
For: Power Semiconductor Package with Strap)

AMENDMENT IN RESPONSE TO RESTRICTION REQUIREMENT

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir/Madam:

In response to the Restriction Requirement mailed January 9, 2004 in relation to the above-identified continuation patent application, please amend the application as follows:



Please type a plus sign (+) inside this box → +

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/618,192
		Filing Date	07/11/2003
		First Named Inventor	Sean T. Crowley
		Group Art Unit	2811
		Examiner Name	Loke, Steven Ho Yin
Total Number of Pages in This Submission		Attorney Docket Number	AMKOR-028C

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Mailing; and Return Receipt Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Mark B. Garred STETINA BRUNDA GARRED
Signature	
Date	1/22/04

CERTIFICATE OF MAILING

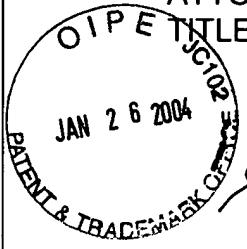
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TITLE: POWER SEMICONDUCTOR PACKAGE WITH STRAP



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2. Transmittal;
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